

AMERITAS LIFE INSURANCE CORP. (ALIC)
AMERITAS VARIABLE LIFE INSURANCE COMPANY (AVLIC)
LINCOLN, NEBRASKA 68501

supplemental application for insurance

part 2

Proposed Insured (Print Name in Full) Male Female Date of Birth Place of Birth
Last Name First Name Middle Proposed Insured's Soc. Sec. No.

- 1. a. Name of Personal Physician? Address
b. Date Last Consulted Reason Last Consulted?
c. What treatment was given or medication prescribed?

For the following health questions:
HIV means Human Immunodeficiency Virus
AIDS means Acquired Immune Deficiency Syndrome YES NO

- 2. Has the Proposed Insured within the past 10 years ever been treated or ever had any:
a. Disorder of eyes, ears, nose or throat?
b. Dizziness, fainting, convulsions, epilepsy, headache, speech defect, paralysis or stroke, mental, brain or nervous disorder?
c. Asthma, emphysema, pleurisy, allergies, shortness of breath or any disorder of the lungs or respiratory system?
d. Chest pain, irregular or rapid pulse, high blood pressure, rheumatic fever, heart murmur, heart attack, anemia or other disorder of the heart, blood* or circulatory system?
*NJ, VT and WI residents, you may exclude any blood disorder relating to AIDS, the HIV Antibody, Sero-positivity, or the HIV virus.
e. Intestinal bleeding, ulcer, ulcerative colitis, spastic colitis, diverticulitis, jaundice or any disorder of the liver, gallbladder, or digestive system?
f. Sugar, albumin or blood in urine, nephritis, stone or other disorder of the kidneys, bladder, prostate, reproductive organs or breasts?
g. Diabetes or disorder of the thyroid or other endocrine glands?
h. Rheumatism, arthritis, gout, deformity or amputation or disorder of the muscles or bones?
i. Cancer, tumor or cyst or any disorder of the skin or lymph glands?
*VT residents, you may exclude any disorder relating to the HIV Antibody, T-cell counts, AIDS or ARC.

GA and IL residents, DO NOT respond to Q.3.a. and Q.3.b.
NJ, VT, WA and WI residents, DO NOT respond to Q.3.a. through Q.3.d.
PA residents, DO NOT respond to Q.3.b.
CA, CT, and ND residents, DO NOT respond to Q.3.d.

- 3. During the past 10 years has the Proposed Insured:
a. Had or been told they had Acquired Immune Deficiency Syndrome ("AIDS"), AIDS Related Complex ("ARC")?
b. Had or been told they had AIDS related conditions?
c. Received treatment in connection with any of the categories named in 3.a.?
d. Tested positive for antibodies to the AIDS (Human T-cell Lymphotropic, HIV) virus?
ONLY - GA residents, answer Q.3.e. and Q.3.f.
e. Been diagnosed with AIDS or AIDS Related Complex ("ARC") cause by the HIV infection?
f. Tested positive for the HIV infection?

- ONLY - IL, NJ, VT, WA and WI residents, answer Q.3.g. and Q.3.h. YES NO
g. Been diagnosed or treated by a person licensed as a medical physician for Acquired Immune Deficiency Syndrome (AIDS)?
h. Been diagnosed or treated by a person licensed as a medical physician for AIDS Related Complex ("ARC")?
4. Except as stated in answer to previous questions has the Proposed Insured within the past 5 years:
a. Had any mental or physical disorder not previously listed?
b. Been seen by a physician for a checkup, illness, injury or surgery?
c. Been a patient in a hospital, clinic or other medical facility?
d. Had an ECG, X-ray, CAT scan or other diagnostic test (for NJ, VT and WI residents, other than an AIDS related test)?
WI residents DO NOT respond to Q.4.e.
e. Been advised to have any diagnostic test, hospitalization or surgery which was not completed?
5. Is Proposed Insured now taking any medication or treatment?
6. Has Proposed Insured ever used narcotics, barbiturates, amphetamines, cocaine, LSD, marijuana, or hallucinogenic drugs?

DETAILS of "Yes" answers. Identify question number. Circle applicable items. Include nature of ailment, (and pathological diagnosis, if applicable), dates, duration and names and addresses of all attending physicians and medical facilities.

7. Has Proposed Insured ever received counseling or treatment for the use of alcohol or drugs? YES NO

NC residents, DO NOT respond to Q.8.

8. Has Proposed Insured ever been a member of a support group for the use of alcohol or drugs?

9. Does the Proposed Insured have any family history of diabetes, cancer, heart or kidney disease?

10. Tobacco Use

a. Has the Proposed Insured smoked one or more cigarettes in the past twelve months?

b. Has the Proposed Insured used any form of tobacco or nicotine substitute in the past twelve months? (If yes, please provide date of last use) _____

c. Has the Proposed Insured used any form of tobacco or nicotine substitute in the past thirty-six months? (If yes, please provide date of last use) _____

11. Family History	Living		Deceased	
	Age	Present Health	Age	Cause of Death
Father				
Mother				
Brothers				
Sisters				

12. Exact height _____ ft. _____ in. Exact Weight _____ lbs.

Gained Lost _____ pounds within past year.

Reason _____

DETAILS of "Yes" answers. Identify question number. Circle applicable items. Include nature of ailment, (and pathological diagnosis, if applicable), dates, duration and names and addresses of all attending physicians and medical facilities.

AUTHORIZATION

To help Ameritas Life Insurance Corp. (ALIC)/Ameritas Variable Life Insurance Company (AVLIC) determine the Proposed Insured's insurability, I authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, agency conducting investigative consumer reports or information service, financial institution, family member, or associate to release to ALIC/AVLIC or any person or entity acting on its behalf, any personal information which is on file and relates to the Proposed Insured's health or mental condition, general character, driving records, use of alcohol and drugs, and hobbies of a hazardous nature. I understand that any information obtained will be used to determine my eligibility for insurance and/or for any benefits in the event of a claim. **Note for West Virginia residents:** I also understand that none of the information collected concerning my sexual orientation will be used to determine my eligibility for insurance.

Note for New Jersey and Virginia residents: I authorize ALIC/AVLIC to obtain an Investigative Consumer Report. An investigative consumer report commonly includes information regarding the consumer character, general reputation, personal characteristics and mode of living. It also includes verification of residence, marital status and occupation. I understand that I may request a copy of the report upon its completion. A Proposed Insured may ask to be interviewed in conjunction with the preparation of the report by contacting us.

In addition, I authorize MIB, Inc. (Medical Information Bureau) to release to ALIC/AVLIC or its reinsurers, any personal information which is on file and relates to the Proposed Insured.

This authorization, or a photocopy of it shall remain valid for use by ALIC/AVLIC for two (2) years from the date below.

I understand that my authorized representative/agent and I can receive a copy of this authorization if we so desire.

Note for Vermont residents: I do not authorize ALIC/AVLIC to forward test results to any non-affiliated company. ALIC/AVLIC will not release any information relating to previously administered tests for HIV antibodies, T-cell counts, AIDS or ARC.

Note for D.C. residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Note for New Jersey residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for Pennsylvania residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties.

Note for Virginia residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for residents in all states other than New Jersey, New Mexico, Pennsylvania or Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I represent that the above answers are true and complete to the best of my knowledge and belief.

Dated this _____ day of _____, 20_____

Signature _____

Proposed Insured (Parent or Guardian if Juvenile)

Witness _____
Examiner, if Medical - Ameritas Representative/Agent, if Non-Medical